

International Registration Plan - Original Supplemental Application (Schedule A/C)

REGISTRANT INFORMATION				<div>STATE OF MARYLAND</div> <div>MOTOR VEHICLE ADMINISTRATION</div> <div>INTERNATIONAL REGISTRATION PLAN</div> <div>Original / Supplemental Application</div> <div>Schedule A/C</div> <div>Please check <input type="checkbox"/> Original <input type="checkbox"/> Supplement <input type="checkbox"/> Renewal</div> <div>1. Please read instructions on back of form before completing application</div> <div>2. Please print clearly in ink, or type</div> <div>PERSON TO CONTACT REGARDING APPLICATION</div> <div>CITYSTATEPHONE NUMBER</div>						*TYPE	** FUEL	*** TEMPORARY AUTHORITY	
FIVE DIGITS	THREE DIGITS	THREE DIGITS	TWO DIGITS							TK - Truck(single) DT - Dump Truck TR - Tractor TT - Truck Tractor RT - Road Tractor BS - Bus WR - Tow Truck	D - Diesel G - Gasoline P - Propane	All transactions issued a temporary authority are required to pay fees due in a timely manner. All vehicles within an account are subject to suspension if all apportionable fee are not paid.	
ACCOUNT NUMBER	FLEET NUMBER	SUPP. NUMBER	REGISTRATION YR.										
MD													
NAME OF REGISTRANT													
BUSINESS ADDRESS (Do not use P.O. Box)													
CITY		STATE	ZIP CODE										
		MD											
MAILING ADDRESS													
CITY		STATE	ZIP CODE	CITY		STATE	PHONE NUMBER						

UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND AT THE WEIGHTS LISTED BELOW. USE SEPARATE PAGE(S) FOR ANY VEHICLE WITH A WEIGHT DIFFERENCE IN ANY JURISDICTION. WEIGHT WILL BE PRINTED ON THE CAB CARDS FOR ALL UNITS LISTED BELOW.

WEIGHT INFORMATION							
AB (Alberta)	CT (Connecticut)	IN (Indiana)	MI (Michigan)	ND (North Dakota)	NV (Nevada)	QC (Quebec)	VA (Virginia)
AK (Alaska)	DC (Dist. of Col.)	KS (Kansas)	MN (Minnesota)	NE (Nebraska)	NY (New York)	RI (Rhode Island)	VT (Vermont)
AL (Alabama)	DE (Delaware)	KY (Kentucky)	MO (Missouri)	NF (Newfoundland)	OH (Ohio)	SC (South Carolina)	WA (Washington)
AR (Arkansas)	FL (Florida)	LA (Louisiana)	MS (Mississippi)	NH (New Hampshire)	OK (Oklahoma)	SD (South Dakota)	WI (Wisconsin)
AZ (Arizona)	GA (Georgia)	MA (Massachusetts)	MT (Montana)	NJ (New Jersey)	ON (Ontario)	SK (Saskatchewan)	WV (West Virginia)
BC (British Columbia)	IA (Iowa)	MB (Manitoba)	MX (Mexico)	NM (New Mexico)	OR (Oregon)	TN (Tennessee)	WY (Wyoming)
CA (California)	ID (Idaho)	MD (Maryland)	NB (New Brunswick)	NS (Nova Scotia)	PA (Pennsylvania)	TX (Texas)	YT (Yukon)
CO (Colorado)	IL (Illinois)	ME (Maine)	NC (North Carolina)	NT (Northwest Terr.)	PE (Prince Edward Is.)	UT (Utah)	

VEHICLE INFORMATION																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
MARYLAND TITLE NUMBER	OWNER EQUIPMENT (UNIT) NUMBER	VEHICLE IDENTIFICATION NUMBER (AS SHOWN ON TITLE)	Y E A R	MAKE OF VEHICLE	* T Y P E	AXLES OR SEATS	QUEBEC AXLES	** F U E L	UNLADEN WEIGHT	GROSS WEIGHT	PURCHASE PRICE OF VEHICLE	DATE OF PURCHASE MO/DA/YR	DATE OF LEASE MO/DA/YR	*** TEMPORARY AUTHORITY	U.S. DOT NUMBER	NAME OF OWNER AS SHOWN ON TITLE	CURRENT MD LICENSE PLATE NUMBER

DELETED VEHICLE INFORMATION							19 INSURANCE INFORMATION	
1	2	3	4	5	6	7	NAME OF INSURANCE COMPANY AS SHOWN ON POLICY	
OWNER EQUIPMENT (UNIT) NUMBER	Y E A R	MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER (AS SHOWN ON TITLE)	GROSS WEIGHT	REPLACEMENT EQUIPMENT (UNIT) NUMBER	REASON REMOVED	POLICY OR BINDER NUMBER	
							CERTIFICATION: By signing this application I certify knowledge of the Federal and State motor carrier safety laws and further certify this fleet is maintained in compliance with the Maryland Preventive Maintenance Program.	
							INSURANCE: I/we certify under penalty of law that the vehicle noted on the face hereof is covered by at least the minimum amounts of insurance required by the Maryland Motor Vehicle Laws, and further certify that this vehicle will be continuously insured throughout its registration period. This certification may be used for insurance verification purposes.	
							All Vehicles within an account are subject to suspension if all apportionable fees are not paid.	
							SIGNATURE (Applicant or authorized representatives) CAPACITY DATE	

MUST  
BE  
SIGNED

INSTRUCTIONS FOR COMPLETING ORIGINAL/SUPPLEMENTAL APPLICATION (SCHEDULE A/C)	
<b>FLEET INFORMATION</b>	<b>VEHICLE INFORMATION (CONTINUED)</b>
<b>ACCOUNT NUMBER</b> - Enter the IRP account number assigned by the Maryland Motor Vehicle Administration. This number is assigned when your original application Schedule A/C is filed.	8. <b>QUEBEC AXLES</b> - If vehicle travels in Quebec, enter total number of axles including the trailer axles.
<b>FLEET NUMBER</b> -If more than one fleet is registered under the same company name, indicate which fleet number 001, 002, ect., that this application refers to.	9. <b>FUEL</b> - Diesel, Gasoline or Propane: see front of Schedule for fuel abbreviations.
<b>SUPPLEMENT NUMBER</b> -Start with 001 on first supplement. Number each additional supplement consecutively.	10. <b>UNLADEN WEIGHT</b> - Weight of the vehicle without a load.
<b>REGISTRATION YEAR</b> - Last 2 digits of current registration year.	11. <b>GROSS WEIGHT</b> - The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor.
<b>NAME OF REGISTRANT</b> -Name of the person, firm, or corporation requesting apportioned registration.	12. <b>PURCHASE PRICE OF VEHICLE</b> - The actual purchase price of the vehicle (i.e. price paid for the vehicle by the current owner).
<b>BUSINESS ADDRESS</b> -(Street, city, state, zip code) - where application has an established place of business, telephone, and will maintain and/or make records available for audit.	13. <b>DATE OF PURCHASE</b> - Month, day, and year of purchase.
<b>MAILING ADDRESS</b> -(Street, city, state, zip code) - apportioned registration license plates will be sent to this address. All correspondence will be sent to this address. Cannot be a post office box.	14. <b>DATE OF LEASE</b> - Month, day and year lease initiated.
<b>PERSON TO CONTACT</b> -Name of person to be contacted to resolve problems with application. Include phone number.	15. <b>TEMPORARY AUTHORITY</b> - Indicate if a 60 day temporary authority is needed. Fee is \$2.00 per vehicle.
<b>WEIGHT INFORMATION</b>	16. <b>U.S. DOT NUMBER</b> - Enter U.S. DOT number assigned to the vehicle.
List weight to be carried in each jurisdiction where Fleet will be apportioned. Limit vehicles on each page to power units and use a separate page if weights in all jurisdictions do not follow the same pattern for each vehicle.	17. <b>NAME OF OWNER</b> - Name of owner for each vehicle if registrant other than owner. Owner must sign on reverse side of Schedule. No registration for vehicle will be issued without this signature.
<b>VEHICLE INFORMATION</b>	18. <b>CURRENT MARYLAND LICENSE PLATE NUMBER</b> - If vehicle currently registered in Maryland, list license plate number. NOTE: If vehicle is not new and has never been titled in Maryland, vehicle must be inspected prior to registration.
1. <b>MARYLAND TITLE NUMBER</b> - Maryland title number for each vehicle. If none, Form VR-005, Application for Title, must be submitted with this application. If the vehicle is titled out-of-state, you must submit a copy of the vehicle title.	19. <b>INSURANCE INFORMATION</b> - Show name of vehicle liability insurance company as it appears on policy. Also indicate insurance policy or binder number. PLEASE SIGN THE APPLICATION.
2. <b>EQUIPMENT NUMBER</b> - Arbitrary number assigned by applicant to each unit. Number should be unique for each vehicle.	
3. <b>VEHICLE IDENTIFICATION NUMBER</b> - Complete VIN as shown on vehicle and listed on the manufacturer's Certificate of Origin or Title.	
4. & 5. <b>YEAR AND MAKE</b> - Manufacturer's model year and make.	
6. <b>VEHICLE TYPE</b> - See vehicle type abbreviations on front of Schedule.	
7. <b>AXLE SEATS</b> - Enter the number of axles for each truck or tractor or number of seats for each bus.	
	<b>DELETED VEHICLE INFORMATION</b>
	1.- 4. Follow the same instructions shown for steps 2-5 of Vehicle Information.
	5. <b>GROSS WEIGHT</b> - The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor.
	6. <b>REPLACEMENT EQUIPMENT UNIT #</b> - Unit number of the vehicle being added in place of the deleted Unit.
	7. <b>REASON REMOVED</b> - Enter the reason the vehicle is being deleted (i.e. sold, wrecked, junked, fleet transfer, ect.)
	<b>PLEASE SIGN THE APPLICATION.</b>



Apply to register to vote with your driver’s license transaction. For details ask your customer service representative.